

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90147 006 ***150.00

DOCUMENT # P00000031470					
1. Entity Name BREVARD SHUTTERS INC.					
Principal Place of Business 3055 DIXIE HWY NE UNIT A PALM BAY, FL 32905			Mailing Address 3055 DIXIE HWY NE UNIT A PALM BAY, FL 32905		
2. Principal Place of Business - No P.O. Box # 3460 South US Hwy 1		3. Mailing Address 3460 South US Hwy 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Chg-P CR2E034 (12/06)	
City & State Rockledge FL		City & State Rockledge FL		4. FEI Number 59-3631456	
Zip 32955		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, BOYD 3055 DIXIE HWY NE UNIT A PALM BAY, FL 32905			7. Name and Address of New Registered Agent Name: <u>Boyd Rowe</u> Street Address (P.O. Box Number is Not Acceptable): <u>3460 South US Hwy 1</u> City: <u>Rockledge</u> FL Zip Code: <u>32955</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Boyd Rowe</u> DATE: <u>4-24-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROWE, BOYD 3055 DIXIE HWY NE., UNIT A PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rowe, Boyd 3460 South US Hwy 1 Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROWE, MARIA 3055 DIXIE HWY NE., UNIT A PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Rowe, Maria 3460 South US Hwy 1 Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO GALLAGHER, RONALD 3990 MINTON ROAD WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Boyd Rowe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/24/08</u> Daytime Phone #: <u>321-409-9091</u>		